Division of Health Service Regulation  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROMDERSUPPLIENCIA IDENTIFICATION NUMBER  FCL008032		(X2) MULTIPLE CONSTRUCTION A SUILDING 01 B WING		(X3) DATE SURVEY COMPLETED R 08/21/2015		
Accessor and a	ROVIDER OR SUPPLIER S FAMILY CARE HO	106 HAI	ODRESS, CITY, RMON STREE DER, NC 278			
(X4) ID PREFIX TAG	JEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  JEACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)		
{C 000}	C 000) Initial Comments  Report by Suzanna Fay  DHSR Construction Section conducted a Biennial Follow-up Survey on August 21, 2015 from 11:23 AM to 1:01 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected and three new deficiencies have been		3			
{C 153}	The deficiencies at Houskeeping And SECTION 0300 - 10A NCAC 136 0 FURNISHINGS (a) Each family of (1) have walls, or coverings kept cle (2) have no chro (3) have furniture (e) This Rule shahomes.	Furnishings-Clean, Repaired THE BUILDING 315 HOUSEKEEPING AND are home shall: silings, and floors or floor an and in good repair; nic unpleasant odors; e clean and in good repair; sil apply to new and existing	{C 153}	The administrator to gualified person to adjust the bodocy to Keep it for dragging. Administ	rator	Q-1-1
	Based on observa maintained in a go Findings include: a. The front right I the carpet. 8/21/15: SF-At the the bedroom door making it difficult person adjust the drapping. Provide	net as evidenced by: ution, the building was not nod repair.  bedroom door is dragging on the time of the Follow-up Survey I was still dragging on the cars to open. Have a qualified door to keep the door from a documentation of the in a copy of a receipt or work	pet	and staff will monitor to make sure all doors are kept in good working condition.		

STATEMENT	Invision of Health Service Regulation  TATEMENT OF DEFICIENCES NO PLAN OF CORRECTION    (X1) PROVIDER'SUPPLIERCLE IDENTIFICATION NUMBER    FCL008032		A BUILDING	L School Control	(X3) DATE SURVEY COMPLETED R 08/21/2015	
	OVIDER OR SUPPLIER	106 HARN	ORESS, CITY. NON STREET, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCES LYMUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX. TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE		
	SECTION .0300 - 10A NCAC 13G .0 FURNISHINGS (a) Each family of (5) be maintained orderly manner, fir hazards, (e) This Rule sha homes.  This Rule is not in 1. Based on obsewas not maintained effect all residents hazard.  Findings include: There are damag locations: (d) Staff Bedroom lift they had run short technician repair Provide documen photos or copies orders.  Building Equipme SECTION .0300 10A NCAC 13G EQUIPMENT (a) The building mechanical and me	are home shall: d in an uncluttered, clean and ee of all obstructions and all apply to new and existing net as evidenced by: ervation, the building floor tile id in a safe manner. This would a by presenting a possible trip ed floor tiles in the following		The damaged flour has been replaced. It administrator and struit monitor to make all file is in good condition.	att	

K4H522

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER  FCL008032		(X2) MULTIPLE CONSTRUCTION A. BUILDING. 01 II. WING.		(X3) DATE SURVEY COMPLETED R 08/21/2015		
	PROVIDER OR SUPPLIE 'S FAMILY CARE H	OME #3 106 HARI	ORESS, CITY MON STRE ER, NC 27			172010
(X4) ID PREFIX TAG	JEACH DEFICIENT	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION		
	Continued From page 2 operating condition.  (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: New Deficiencies revealed on 8/21/15:  1. At the time of the Follow-up Survey, observations revealed that the siding at the rear of the facility was loose and no longer secure to the structure along the roof trim. A section of the trim had fallen off along the upper gable and was laying on the ground. Have a qualified technician repair the damaged sections of the siding and trim. Provide documentation of the repairs through photos or copies of receipts of purchases or work orders.  2. Observations revealed that at section of the soffit at the back conner of the right face of the facility was disconnected and hanging vertically leaving the soffit exposed. Have a qualified technician secure or repair the soffit at the back corner. Provide documentation of the repairs		(C 174)	The administrature qualified person + and repair all lose clamaged siding Sinsecure and in qualified the back corner replaced. Administration staff will munker production,	o come and ding is di fit at has been atur	9-1-15
	or work orders.  3. At the time of this survey, the smoke detector in the front foyer was chirping indicating a low battery. Have a qualified person replace the battery and insure the detector is working properly. Provide documentation of the repairs through copies of receipts of purchases or work orders.			The smoke oleder been replaced and longer chimps. Admir and staff will minited to make detectors quito make sure they in proper working to	no histrator tor all arterly are	9-1-19

Cherry's Family Care #3 106 Harmon St. Aulander

Staff bedroom floor

